

## UNIT 2 TOPIC 3

### PHYSICAL READINESS/DENTAL READINESS/TRICARE

#### **ENABLING OBJECTIVES:**

- 2.3.1 Explain the Navy's Physical Readiness Program.
- 2.3.2 Identify the characteristics of good physical readiness practices.
- 2.3.3 Explain the Navy's Dental Health and Readiness program.
- 2.3.4 Identify the aspects of good dental hygiene.
- 2.3.5 Explain Champus and Tricare.

#### **REFERENCE:**

- 1. OPNAVINST 6110.1 Series
- 2. SECNAVINST 6600.5
- 3. <http://www.navymedicine.med.navy.mil>
- 4. <http://www.tricare.osd.mil>
- 5. <http://www.vnh.org>

#### **SLIDES:**

- 2-3-1 Physical Readiness
- 2-3-2 Did You Know?
- 2-3-3 Future Fitness Culture I
- 2-3-4 Future Fitness Culture II
- 2-3-5 Future Fitness Culture III
- 2-3-6 Fitness Enhancement Program (FEP)
- 2-3-7 Administrative Consequences
- 2-3-8 Good Physical Readiness Practices
- 2-3-9 Your Diet and Dental Health
- 2-3-10 Dental Health Facts
- 2-3-11 Dental Health and Readiness
- 2-3-12 Managed Dental Health Care Program
- 2-3-13 Good Dental Hygiene

- 2-3-14 TRICARE/CHAMPUS
- 2-3-15 History of TRICARE/CHAMPUS
- 2-3-16 TRICARE
- 2-3-17 TRICARE Prime
- 2-3-18 Using TRICARE Prime
- 2-3-19 TRICARE Extra
- 2-3-20 TRICARE Standard
- 2-3-21 Which One is Right For My Family
- 2-3-22 TRICARE Dental Program
- 2-3-23 Background
- 2-3-24 TDP Covered Services and Cost Shares
- 2-3-25 TDP Covered Services and Cost Shares Cont'd.
- 2-3-26 Core Values and You
- 2-3-27 Health is a Lifetime Commitment
- 2-3-28 Summary

#### **CASE STUDIES:**

None

#### **VIDEO TAPES:**

None

#### **NOTE TO THE FACILITATOR:**

The learning points of this topic are:

- The Navy's focus on an improved individual physical readiness program.
- How a healthy diet can improve your life.
- The aspects of dental awareness and dental readiness.

## **UNIT 2 TOPIC 3**

### **PHYSICAL READINESS/DENTAL READINESS/TRICARE**

- The Navy's Insurance Program-Tricare (formerly Champus).

- The relationship of core values to individual physical readiness.

#### **I. INTRODUCTION TO PHYSICAL READINESS**

#### **SHOW SLIDE 2-3-1 PHYSICAL READINESS**

- A. Significant improvements have been designed into the Physical Readiness Program with outstanding input from the fleet.
- B. The Navy's intent in the updated program, which became effective 1 May 2000, is to:
  - Ensure that personal fitness is a real priority for all Sailors.
  - Recognize that physical fitness is a crucial element of mission performance.
  - Develop a fitness-based lifestyle for each individual that includes a well-rounded physical fitness program and moves away from simply passing the semi-annual Physical Readiness Test (PRT).

DISCUSSION POINT	RELATED INSTRUCTOR ACTIVITY
<p>C. State of Health</p> <ul style="list-style-type: none"> <li>• Over 97 million Americans are overweight or out of shape.</li> <li>• Imagine, one of every three American adults is now considered overweight.</li> <li>• Over 65 million Americans are dieting at any one time.</li> <li>• Overweight or obese children in America have increased from one out of every ten to one out of every four.</li> </ul> <p>D. This lesson will present the Navy's future fitness culture, highlighting physical readiness, nutrition, dental readiness, and Tricare/Champus.</p> <p>E. This lesson will also address core values, not as they are routinely considered (relationships with others), but rather about your individual values within the core values and how they affect your own personal physical readiness.</p>	<p><b>SHOW SLIDE 2-3-2 DID YOU KNOW?</b></p> <p><b><u>DISCUSSION POINT:</u></b></p> <p>Lead a brief discussion on the affects of health on personal and command readiness.</p> <p>Keep focus on ideas around the theme of:</p> <ul style="list-style-type: none"> <li>• Individual health, daily exercise, and 'taking care of yourself.</li> <li>• People in good health feel better, do their job better, and generally get along better with their shipmates.</li> </ul>
<p><b>II. COMPONENTS OF THE NAVY'S FUTURE FITNESS CULTURE</b></p> <p>A. Creation of a personal awareness culture that stresses:</p> <ol style="list-style-type: none"> <li>1. Individual fitness rather than a pass/fail mentality</li> <li>2. Command promotion of a healthy lifestyle and a physical conditioning program</li> </ol>	<p><b>SHOW SLIDE 2-3-3 FUTURE FITNESS CULTURE I</b></p>



DISCUSSION POINT	RELATED INSTRUCTOR ACTIVITY
<ul style="list-style-type: none"> <li>C. Promotion, advancement, and reenlistment consequences tied to fitness progression</li> <li>D. Software program provided to track personal fitness throughout career and command fitness by cycle</li> <li>E. Mandatory military bearing grade for third failure in a 4-year period</li> </ul> <p><b>III. FITNESS ENHANCEMENT PROGRAM (FEP)</b></p> <ul style="list-style-type: none"> <li>A. All commands will establish a FEP program that will require mandatory participation for individuals who barely met, or do not meet, the fitness standard guidelines.</li> <li>B. The FEP program will include:               <ul style="list-style-type: none"> <li>1. Monthly monitored individual physical training</li> <li>2. Monthly PFAs to monitor progression</li> <li>3. If necessary, nutrition/weight management counseling.</li> </ul> </li> </ul>	<p><b>SHOW SLIDE 2-3-6 FITNESS ENHANCEMENT PROGRAM</b></p>

**IV. ADMINISTRATIVE CONSEQUENCES**

- A. Since there is a new Physical Readiness Program, there are also new administrative consequences for failing a PFA.
- B. A member's official physical readiness program failures incurred prior to 1 May 2000 will not count toward the new administrative consequences.
- C. Although the consequence depends on the situation and number of failures acquired, below is a general list of administrative consequences.
  - 1. Mandatory, monitored, individual training program.
  - 2. Mandatory PFA each month.
  - 3. Mandatory fitrep/eval marks
  - 4. Mandatory "significant problems" entry in fitrep and eval.
  - 5. No redesignations or frocking.
  - 6. No promotion or advancement.
  - 7. No reenlistment.
  - 8. Discharge.

**SHOW SLIDE 2-3-7 ADMINISTRATIVE CONSEQUENCES**

**V. GOOD PHYSICAL READINESS PRACTICES**

- A. Maintain a lifestyle that promotes optimal health and physical readiness.
- B. Develop a regular, year-round, fitness program of aerobic, flexibility, and muscular strength and endurance exercises.
  - A fitness program includes aerobic physical exercise sessions at least three times per week consisting of at least 40 minutes of activity, including a minimum of 20 to 30 minutes of brisk, aerobic exercise, a strength and flexibility component, and warm-up and cool-down periods.
- C. Pursue daily tasks that result in the accumulation of 30 minutes of moderately intense physical activity and minimization of sedentary periods.
- D. Report for fitness testing with a level of fitness that ensures safe participation.
- E. Report injuries or illnesses that may put you at risk of injury during the PRT, FEP, or individual physical conditioning.
- F. Maintain a prudent diet consisting of
  - Grains daily, especially whole grains (bread, cereal, pasta, rice, or oats)
  - Fruits and vegetables
  - Low-fat dairy products (milk, yogurt, cheese)

**SHOW SLIDE 2-3-8 GOOD PHYSICAL READINESS PRACTICES**

DISCUSSION POINT	RELATED INSTRUCTOR ACTIVITY
<ul style="list-style-type: none"> <li>• Lean meat, poultry, fish, beans/legumes, eggs, and nuts</li> <li>• Choose a diet that is low in saturated fat and cholesterol and moderate in total fat.</li> <li>• Choose beverages and foods to moderate your intake of sugars.</li> <li>• Choose and prepare foods with less salt.</li> <li>• If you consume alcoholic beverages, do so in moderation.</li> <li>• Choose sensible portion sizes and vary the number of servings based upon your size and activity level.</li> </ul> <p><b>VI. HOW DOES YOUR DIET AFFECT YOUR DENTAL HEALTH?</b></p> <p>A. Many people don't realize that your diet can affect your dental health. Here are some ways it does.</p> <ol style="list-style-type: none"> <li>1. If your diet is low in certain nutrients, it may be harder for the tissues of your mouth to resist infection, causing gum disease.</li> <li>2. Although poor nutrition does not actually cause periodontal disease, many researchers believe that the disease progresses faster and is more severe in patients whose diet does not supply the necessary nutrients.</li> <li>3. Eating sweets and foods high in natural sugars can lead to tooth decay if not removed properly.</li> </ol>	<p>Refer to Navy Nutrition and Weight Control Self-Study Guide (0500LP0098780) for serving sizes and additional information. You can also download "Peak Performance Through Nutrition and Exercise" from NEHC homepage at <a href="http://www.nehc.med.navy.mil">www.nehc.med.navy.mil</a>.</p> <p><b>SHOW SLIDE 2-3-9 YOUR DIET AND DENTAL HEALTH</b></p>



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**DISCUSSION POINT**

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**RELATED INSTRUCTOR ACTIVITY**

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- B. Here are some general nutritional guidelines for good oral health.
1. Choose foods from the four basic food groups.
  2. When you snack, avoid soft, sweet, sticky foods, such as cakes, candy and dried fruits, that clings to your teeth and promote tooth decay.
  3. Choose healthy snack foods such as nuts, raw vegetables, plain yogurt, cheese, popcorn, and sugarless gum or candy.

**VII. DENTAL HEALTH FACTS**

- A. The nation's oral health is the best it has ever been, yet oral diseases remain common in the United States.
- B. Tooth decay is one of the most common childhood diseases-5 times as common as asthma and 7 times as common as hay fever in 5 to 17 year olds.
- C. By age 17, 78% of young people have had a cavity, and 7% have lost at least one permanent tooth.
- D. Among adults age 35 to 44, 69% have lost at least one permanent tooth.
- E. Among adults age 65 to 74, 26% have lost all their natural teeth.
- F. Untreated tooth decay remains a problem. About 1/3 of persons across all age groups have untreated decay.
- G. Among adults age 35 to 44, 48% have gingivitis and 22% have destructive gum disease.
- H. In 1998, a total of \$53.8 billion was spent on dental care-48% was paid by dental insurance, 4% by government programs, and 48% was paid out of pocket.

**SHOW SLIDE 2-3-10 DENTAL HEALTH FACTS**

**VIII. DENTAL HEALTH AND READINESS**

- A. Dental health is defined as a state of individual oral health, as a component of total health, where dental disease is eliminated or managed and the member has desirable function and appearance.
- B. Individual dental readiness is defined as someone who does not require treatment or requires care but has a low risk of dental emergency and treatment can be deferred due to other priorities for up to 12 months. Dental readiness does not equate to dental health but rather indicates progress towards dental health.
- C. Why is dental readiness important in the Navy?  
An individual who does not have good dental readiness is likely to compromise combat effectiveness or deployability by experiencing dental emergency.
- D. Military doctrine requires rapid response and prolonged sustainment of deployed forces. Untreated oral disease may result in pain and infections that impair performance and operational effectiveness.
- E. Because dental readiness is an integral and measurable component of this combat readiness and sustainment, resources must be prioritized to achieve dental readiness.

**SHOW SLIDE 2-3-11 DENTAL HEALTH AND READINESS**

**Reference: SECNAVINST 6600.5**

**IX. MANAGED DENTAL HEALTH CARE PROGRAM**

- A. The Managed Dental Health Care Program is a systems approach to the delivery of dental care to all eligible persons.
- B. This program includes:
  - 1. Prioritizing dental health care resources to meet dental readiness requirements of all active duty personnel.
  - 2. A comprehensive preventive dental health regimen that includes but is not limited to:
    - a. Periodic oral examinations and risk assessment.
    - b. Timely and routine delivery of systemic and topical agents to promote resistance to oral diseases.
    - c. Education and counseling to control and modify risk factors that predispose to oral diseases, especially cancer, dental decay, and periodontal disease.
  - 3. Frequent monitoring of unit and individual dental readiness.
  - 4. A coordinated program to deliver dental health care services to family members of active duty primarily through the DDP or space available care.

**SHOW SLIDE 2-3-12 MANAGED DENTAL HEALTH CARE PROGRAM**

5. Dental health care for military retirees and their family members.

- C. The Navy's policy on dental readiness states that unit dental readiness shall be at least 85% for all units and resources must be maximized to enable all personnel to obtain the care required to achieve and maintain dental health.

**X. GOOD DENTAL HYGIENE**

- A. Good dental hygiene is the first step in achieving dental health and readiness.
- B. Dental hygiene is defined as care of the mouth and teeth by use of a toothbrush and dental floss in the morning, at night, and after meals. This helps to prevent gum disease, infection, and tooth decay.
- C. Having a clean mouth is important. In addition to being healthier, it gives you fresh breath and a nicer smile.
- D. When you eat, bits of food, some too small for you to see, remain in your mouth. They feed bacteria that grow in a sticky film on your teeth. This film, called plaque, is the main cause of tooth decay and gum disease.

**SHOW SLIDE 2-3-13 GOOD DENTAL HYGIENE**

E. Here are some tips to remember about brushing your teeth.

1. Brush teeth after meals and between-meal snacks.
2. Use a fluoride toothpaste. Fluoride helps kill bacteria and makes your teeth stronger.
3. Ask your dentist to recommend the best toothbrush for you. Generally, a brush with soft, end-rounded or polished bristles is less likely to injure gum disease.
4. The size and shape of the brush should allow you to reach every tooth.
5. Remember: Worn out toothbrushes can not clean your teeth properly and can injure your gums.
6. Toothbrushes should be replaced every three or four months.
7. When brushing, remember to brush the outer tooth surfaces, the inner tooth surfaces, and the chewing surfaces of the teeth.
8. Brush your tongue to remove bacteria and freshen your breath.

F. Flossing is also an important part of good dental hygiene. It removes plaque and food particles between teeth and under the gumline. Here are some tips to remember about flossing.

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**DISCUSSION POINT**

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**RELATED INSTRUCTOR ACTIVITY**

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1. Flossing is a skill that needs to be learned.
2. Use about 18 inches of floss each time.
3. Guide the floss between your teeth using a gentle rubbing motion. Never snap the floss into the gums.
4. Don't forget the back side of your last tooth.
5. People who have trouble handling dental floss may prefer to use another kind of interdental cleaner. These include special brushes, picks, or sticks.
  - b. Mouthwashes and rinses can be used in addition to brushing and flossing to help prevent tooth decay.
  - c. You should visit your dentist every six months for a preventative check and cleaning.

**XI. INTRODUCTION TO TRICARE/CHAMPUS**

- A. Going to the dentist/doctor can be expensive, especially when you must go frequently or have several members in one family who must go.
- B. In a survey conducted by the Kaiser Foundation, results showed over half of the population does not have health insurance.
- C. For every child without medical insurance, there are 2.6 without dental insurance.

**SHOW SLIDE 2-3-14 TRICARE/CHAMPUS**

- D. For every adult without medical insurance, there are three without dental insurance.
- E. More than 108 million Americans do not have dental insurance.
- F. The Navy expects physical and dental readiness. They also understand the expense associated with doctor/dentist visits. This is why they provide health and dental insurance through a program called TRICARE.

## **XII. HISTORY OF TRICARE/CHAMPUS**

- A. The idea of military medical care for the families of active-duty members of the military has been in development for nearly 200 years and dates back to the late 1700's.
- B. Beginning around World War II, Congress authorized the Emergency Maternal and Infant Care Program (EMIC). This provided for maternity care and the care of infants up to one year of age for wives and children of service members in the lower four pay grades.
- C. Beginning in 1967, CHAMPUS was created and provided health, ambulatory, and psychiatric care for active-duty, active-duty family members, certain surviving family members of deceased military, and retirees.

## **SHOW SLIDE 2-3-15 HISTORY OF TRICARE CHAMPUS**



- D. In the 1980s, a search for ways to improve access to top-quality medical care and still keep costs under control began. In 1988, service families were offered a choice of ways in which they might use their military health care benefits.
- E. Over the past three decades, many new benefits--such as liver, heart, lung and heart-lung transplants, and hospice care--have been added to the program.
- F. TRICARE-formerly CHAMPUS-is the Defense Department's new worldwide health program for service families.

### **XIII. TRICARE**

- A. TRICARE is a regionally managed health care program for active duty and retired members of the military, their families and survivors.
- B. TRICARE brings together the health care resources of the military and supplements them with networks of civilian health care professionals to provide better access and high quality service while maintaining the capability to support military operations.
- C. There are three options of TRICARE available: TRICARE Prime, TRICARE Extra, and TRICARE Standard.

**SHOW SLIDE 2-3-16 TRICARE**



**DISCUSSION POINT****RELATED INSTRUCTOR ACTIVITY**

- reduced cost-shares (5% below those of TRICARE Standard).
  - d. Must meet annual outpatient deductible as under TRICARE Standard.
  - e. You may still use military medical facilities when space is available.
  - f. You may move between the TRICARE Extra and the TRICARE Standard options on a visit-by-visit basis.
- 3. TRICARE Standard- the same as CHAMPUS, with the same benefits and cost sharing structure. This offers a fee-for-service option.
  - a. This option pays a share of the cost of covered health services you obtain from a non-network civilian health care provider.
  - b. There is no enrollment, but you must be listed as eligible in the DEERS database in order to use TRICARE Standard.
  - c. Must meet normal outpatient deductible of \$50 for one person, or \$100 for a family for active duty pay grades E-4 and below; \$150

**SHOW SLIDE 2-3-20 TRICARE STANDARD**

DISCUSSION POINT	RELATED INSTRUCTOR ACTIVITY
<p>for one person, or \$300 for a family for all other eligible persons.</p> <ul style="list-style-type: none"> <li>d. You have the most freedom to choose your provider of care, but your costs will be higher than with the other two options (up to 15% more than the allowable charge)</li> <li>e. You may have to file your own claim forms if the provider does not participate in TRICARE Standard.</li> </ul> <p>D. It is up to you to decide which one is right for you and your family.</p> <p>E. As of February 1, 2001, the Department of Defense began a new TRICARE Dental Program. This combines the former TRICARE Family Member Dental Plan and the TRICARE Selected Reserve Dental Program. This plan provides expanded dental coverage to active duty family members, members of the Selected Reserve and the Individual Ready Reserve, and their family members. Some benefits include:</p> <ul style="list-style-type: none"> <li>a. Expanded dental benefit package that includes diagnostic, preventative, and restorative services.</li> <li>b. It also covers athletic mouthpieces, an additional oral evaluation, and orthodontic coverage for spouses,</li> </ul>	<p><i>A participating provider is one who agrees to accept the allowable charge as the full fee for the care that he or she provides you.</i></p> <p><b>SHOW SLIDE 2-3-21 WHICH ONE IS RIGHT FOR MY FAMILY</b></p> <p><b>SHOW SLIDE 2-3-22 TRICARE DENTAL PROGRAM</b></p> <p><b>SHOW SLIDE 2-3-23 BACKGROUND</b></p> <p><b>SHOW SLIDE 2-3-24 TDP COVERED SERVICES AND COST SHARES</b></p>
<p>General Military Training Physical Readiness/Dental Readiness/Tricare</p>	<p>2-3-20</p>



## B. Breaking it down

1. **Honor** – We are accountable for our professional and personal behavior: Lose weight, get into better shape, take responsibility for your dental health, and look and feel better.
2. **Courage** – Personal fitness and health is a necessary part of who we are in meeting the demands of our profession and the mission. When it is hazardous, demanding, or otherwise difficult, we have to be ready. The courage to meet those demands demonstrates a personal virtue of excellence.
3. **Commitment** – Caring for the safety and well-being of our people is commitment. Positive change, constant improvement, and anything worth doing well, demand that we stick to it and stay with a program until we see positive results.
4. **Core Values and You Summary**
  - The day-to-day duty of every Navy man and woman is to be physically fit and healthy to work together as a team to improve the quality of our work and ourselves.
  - Fitness and health aren't about a number on your bathroom scale or the way you look – it's about balancing all aspects of your life physically, emotionally, and spiritually.

**The buck stops with each of us.**

**SHOW SLIDE 2-3-27 HEALTH: A LIFETIME COMMITMENT**

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**DISCUSSION POINT**

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**RELATED INSTRUCTOR ACTIVITY**

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- Approach fitness and health from a lifestyle perspective, and everything else will fall into place.

**XV. SUMMARY**

A. The lesson today has covered:

1. The Navy's focus on an individual physical readiness program
2. The administrative consequences of poor PFA scores
3. Proper nutrition and its affect on dental health
4. The aspects of dental health, readiness, and good dental hygiene
5. The history of TRICARE/CHAMPUS and the different options under TRICARE
6. The relationship of core values to individual physical readiness and health

**SHOW SLIDE 2-3-28 SUMMARY**